ORIGINAL VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 6233

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2701

BIRTH NO.

CE OF DEATH AND AL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 7yrs. IN ARIZONA: 7yrs.
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Joseph Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 3101 N.7th Ave. Apt. 205
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

'CEDENT 'ERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Hazel B. (MIDDLE): May C. (LAST): Maultby
4. SEX: Fe
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Warner T. Maultby
7. DATE OF BIRTH — MONTH: 5 DAY: 30 YEAR: 1897
8. AGE (IN YEARS LAST BIRTHDAY): 65 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): At. Home
9B. KIND OF BUSINESS OR INDUSTRY: -------
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
11. CITIZEN OF WHAT COUNTRY? US
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: Unk.
14A. FATHER'S NAME: Chorey Beasore
14B. BIRTHPLACE (STATE OR COUNTRY): Michigan
15A. MOTHER'S MAIDEN NAME: Alice Bertha Stevens
15B. BIRTHPLACE (STATE OR COUNTRY): Kansas
16. INFORMANT'S SIGNATURE: Warner T. Maultby ADDRESS: 3101 N.7th Ave.
17. DATE OF DEATH (MONTH): 7 (DAY): 22 (YEAR): 62

CAUSE OF DEATH (ITEM 18) 4200 / 0

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Arteriosclerotic Heart Disease
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) ____ DUE TO (C) ____
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

'ERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

.EDICAL 'TIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____ 19__ AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. ALIVE ON ____ 19__
I HEREBY CERTIFY THAT ~~I EXAMINED THE BODY OF THE DECEASED~~ ON 7/23/62 THAT I LAST SAW THE DECEASED 15 P. M.
22A. SIGNATURE: Larry D. Shaw M.D. (DEGREE OR TITLE) ASSISTANT MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 7/23/62

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH): 7 (DAY): 22 (YEAR): 62 (HOUR): 4:15 P.M.
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
23F. HOW DID INJURY OCCUR?

:ORONER'S 'TIFICATION

24A. CORONER'S SIGNATURE: Charles F. Mohr
24B. ADDRESS
24C. DATE SIGNED: 7-25-62

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
25B. DATE: 7-24-62
25C. NAME OF CEMETERY OR CREMATORY: Highland Park Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Kansas City, Kansas
26A. DATE REC. BY LOCAL REG.: 7/24/62
26B. REGISTRAR'S SIGNATURE: Eunice J. Luster
27A. FUNERAL DIRECTOR'S SIGNATURE: A. L. Roberts & Son Funeral Home
27B. ADDRESS: Phenix, Arizona
28A. EMBALMER'S SIGNATURE: Robert Mathaty
28B. EMBALMER'S CERT. NO.: 282

FORM VS-2 REV. 8-9-60 · 25M